



ADULT VIRAL HEPATITIS PREVENTION TRAINING REGISTRATION

State Form 53699 (7-08)

Indiana State Department of Health

- INSTRUCTIONS:
1. Complete each line below.
 2. For questions, call (317) 233-7743.
 3. Return completed form to the Adult Viral Hepatitis Prevention Coordinator
 - a. by fax at (317) 233-7663
 - b. by email to echapman@isdh.in.gov
 - c. or mail to: Adult Viral Hepatitis Prevention Coordinator
Indiana State Department of Health
2 North Meridian Street, Section 6C
Indianapolis, Indiana 46204
 4. You will receive an e-mail confirmation of your registration approximately one week before the training date.

Name: _____

Agency: _____

E-mail Address: _____

Telephone Number: _____

Training Title: _____

Training Location: _____

Training Date (month, day, year): _____ Training Time: _____